FAIL	TI AFFLICA	iec	E DETERN Clober 1, 20	11NA.	TION REC	OF	RD _	ا	10	750	1165
	CLAIMS	AS	D - PART				• • • •				
	<u> </u>		umn 1)		lumn 2)			ENTITY		ОТН	ER THAN
OTAL CLAIMS							TYPE		_	F SMAL	L ENTITY
)R		NUME	NUMBER FILED		NUMBER EXTRA		RAT			RATE	7 70
TAL CHAR	GEABLE CLAIM	5 7	minus 20=	•		1	-		⊣ °	BASIC F	EE ()
EPENDENT CLAIMS		1	/ minus 3 =		•		XS 9		_ 0	R X\$18:	
LTIPLE DE	PENDENT CLAIM	PRESENT					X43=			R X86=	
the differen	Ce in Column 1	is loss that			<u> </u>	1	-145=		0	R -290=	
J. J			less than zero, enter "0" in column 2				TOTAL	-		R TOTAL	(P)
1/2/04	CLAIMS AS	AMEND								OTHE	RAHAN
	CLAIMS		(Colum HIGHE		(Column 3)	5	SMAL	L ENTITY	OF	SMALL	ENTITY
•	REMAINING AFTER		NUMBI PREVIOU	ER	PRESENT		RATE	ADDI			ADDI-
	AMENDMENT	<u> </u>	PAID F		EXTRA		MAIL	TIONA	۱٦	RATE	TIONAL FEE
Total	1. 7.	Minus	- 20	<u>څ</u>			XS 9=		OR	XS18=	755
ndependen		Minus	· · ·	>	<u>-</u>		X43= ·	+	7	Y00	-
INST PRE	SENTATION OF I	MULTIPLE D	EPENDENT (LAIM				-	OR	7003	
	•					ŀ	+145=		OR	.+290=	
						-	TOTAL VOC IT. FEE		OR	TOTAL ADDIT, FEE	
	(Column 1)		(Column		(Column 3)						
•	REMAINING AFTER	,	NUMBE	R	PRESENT			ADDI-	7		ADDI-
	AMENDMENT		PREVIOUS PAID FO		EXTRA		RATE	TIONAL		RATE	TIONAL
otal	•	Minus			_ ·	-	X\$ 9=	FEE		VC10	FEE
oependent	•	Minus	400		=	ŀ		<u> </u>	OR	X\$18=	
IRST PRESI	ENTATION OF MI	ULTIPLE DE	PENDENT CL	AIM		L	X43=		OR	X86=	
						I	+145=		OR	+290=	
<u> </u>	-				· .	A	TOTAL DOTT. FEE	• .	OR	TOTAL	
	(Column 1)		(Column :	2). (Column 3)	-			, - · · <i>,</i>	VODIT. FEE	
•	CLAIMS REMAINING	·	HIGHEST			<u></u>		ADDI			
	AFTER		PREVIOUS	LY	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
tal	AMENDMENT	Minus	PAID FOR			L		FEE		TAIL	FEE
lependent		Minus	***	- :		L	X\$ 9=		OR	X\$18=	·
RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=	
							145=		F	+290=	
	entry in column 1 is less than the entry in column 2, write "0" in column 3. "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								OR L	TOTAL	
: "Highest Num "Highest Num	mber Previously Paid ber Previously Paid	o For IN THE	S SPACE is less	than 3	, enter "3."	ADI	TOTAL OIT FEE		OR A		
		- Ivane (I	-isehelogii) (2	oe ng	press number fo	band	in the appu	opriate box	in colur	nn 1.	
1673 (Rev 10.	- L			-	Pa	itent a	nd Tradema	rk Office LIS	DEPAR	TMENT OF C	YMMERCE

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